



HOSA, Inc. SCHOLARSHIP APPLICATION

Revised for 2005

As part of this application, scholarships will be provided by the following sponsors:
[Please do not contact sponsoring agency directly as all processes and awards are administered by HOSA.]

- Nursing Spectrum
- Who's Who Among American High School Students
- Kaiser Permanente Healthcare Issues Exam Scholarships
- National Technical Honor Society
- Delmar
- Hobsons
- National Honor Roll
- Philip R. Patton (HCA - Hospital Corporation of America)
- HOSA General Scholarship Fund

PROCEDURE

1. Scholarships are available to either a senior secondary or postsecondary student who plans to continue or further his/her education in the health care field.
2. All scholarship materials must be mailed together in one envelope. This includes letters of reference, transcript, etc. Incomplete applications will not be considered.
3. All applications must be typed, word-processed, or legible handwriting. All applications must be grammatically correct and complete for acceptance and review by HOSA.
4. All applications are to be submitted by the student applicant and mailed directly to National HOSA Headquarters at 6021 Morriss Road, Suite 111, Flower Mound, TX 75028.
5. There is no limit to the number of applications per school or per state association.
6. Applications must be **RECEIVED** no later than April 15 for consideration. Late arrivals will not be considered.
7. The Awards Committee will make the final decision on scholarship awards and scholarship recipients will be announced by May 1.
8. A check for the monetary award will be presented to the HOSA member at the NLC or will be mailed to the address provided on the scholarship application if the award recipient is not in attendance. If the scholarship recipient is in attendance at the NLC, he/she will be invited to attend a VIP Dinner with the Award Sponsors prior to the Opening General Session, sit with the sponsor in the VIP section at the Opening General Session, and will be called on stage to receive the scholarship.
9. The amount and number of scholarships will vary from year to year. Only one application is needed for HOSA members to be considered for ALL HOSA scholarships except the ACTE-HOE Scholarship.
10. The recipient is not required to attend the NLC in order to receive his/her award.

CRITERIA

1. Applicants must be currently enrolled in a health occupations/health science education program and be members of HOSA.
2. The scholarship application packet must include the following:
 - **Transcript** – A current, official transcript.
 - **Proof of Acceptance** – Evidence of acceptance into a program of health occupations/health science education for the following academic year.
 - **Leadership Activities and Recognition** – A list of activities including: offices held, awards and honors, and HOSA involvement.
 - **Community Involvement** – A listing of all community service activities, volunteer experience, etc. and a description of each activity (minimum of one paragraph on each activity listed).
 - **References** - Three (3) written references are required. The names and addresses of references must be listed on the application. References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by any of the following:
 - A teacher, advisor, principal, or director of the Health Science program.
 - An employer.
 - Any other source other than a relative.
 - **Personal Statement.** Applicants must submit a 1-2 page statement to include the following information. (This statement can be either word-processed or handwritten.)
 - Why you have chosen to pursue a health-related career?
 - Include your career goal in your statement. (Be specific.)
 - Financial need. (What the scholarship will enable me to do and why the scholarship is important to me.)



HOSA, Inc. SCHOLARSHIP APPLICATION FORM

NAME: _____ HOSA DIVISION: _____

HOME ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

SCHOOL NAME: _____

SCHOOL ADDRESS

CITY STATE ZIP

CAREER GOAL (Be specific as to health care area – nurse, doctor, physical therapist, etc.)

HAVE YOU BEEN ACCEPTED TO A POSTSECONDARY OR COLLEGIATE PROGRAM TO PURSUE YOUR EDUCATION AS OF THIS SUBMISSION? _____ YES _____ NO
IF YES, PLEASE PROVIDE INSTITUTION NAME. _____

LOCAL HOSA ADVISOR: _____

LIST OVERALL GPA (must be converted to a 4.0 scale): _____
[If you are in an Honors program, please convert your GPA to a 4.0 scale.]

Please check if you belong to any of the following school organizations:

- ☐ Who's Who Among American High School Students
- ☐ National Technical Honor Society
- ☐ National Honor Roll

Attach the following:

- | | |
|--|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Proof of Higher Education Acceptance | <input type="checkbox"/> References |
| <input type="checkbox"/> Leadership Activities | <input type="checkbox"/> Essay |
| <input type="checkbox"/> Photo is Optional: Please attach a picture with the application to be used in press releases announcing the scholarship recipients. | |

REFERENCES: 1. _____
(Names, Title, Address) _____
2. _____
3. _____

The following form will be used to rate the applications as part of the final selection process.
Please do not complete or send as part of the application.

HOSA SCHOLARSHIP APPLICATION RATING SHEET

1. **Transcript:** 20 points maximum

GPA	10 points	_____
Courses taken (Emphasis on challenging courses, health science and science.)	5 points	_____
Other (test scores, attendance, etc.)	5 points	_____

2. **Leadership Activities and Recognition:** 30 points maximum

Evaluate the quantity and quality of activities in HOSA, other student and school organizations, athletics, band, and other activities that require leadership skills.

HOSA Leadership	5 points	_____
Quality of leadership activities, clear evidence of leadership, responsibility and commitment	10 points	_____
Number and variety of leadership activities	10 points	_____
Recognition and Awards	5 points	_____

3. **Community Involvement:** 15 points maximum

Quality, quantity, duration and impact of community service activities	15 points	_____
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4. **References:** 9 points maximum

Each reference rated as follows:	9 points	_____
Outstanding reference with specific examples (3 pts.)		
Outstanding but general (2 pts.)		
Good (1 pt.)		

5. **Essay:** 26 points maximum

26 points	_____
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TOTAL POINTS _____

Comments: